

## Application for Appointment to Environmental Health Advisory Committee

Mail to McHenry County Board of Health  
2200 N. Seminary Avenue  
Woodstock, Illinois 60098  
Telephone: (815) 334-4585 Fax: (815) 334-4637  
An Equal Opportunity Employer

Date of application: \_\_\_\_\_

*Instructions: Please answer each question to the best of your ability. Your answers will aid in the evaluation of your candidacy.*

### Applicant Information

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_

Have you worked for McHenry County before? ( ) No ( ) Yes If yes, give date (s): \_\_\_\_\_

Do you have any relatives currently employed by McHenry County or any political sub-division thereof? ( ) No ( ) Yes

If yes, please provide name(s) \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? (A conviction will not automatically disqualify you from an appointment; exclude minor traffic violations.) ( ) No ( ) Yes, explanation follows:  
\_\_\_\_\_

Are there any felony/misdemeanor charges pending against you? ( ) No ( ) Yes, explanation follows:  
\_\_\_\_\_

### Employment History

*Your work experience is an important factor in evaluating your qualifications. Please list your current employer.*

Name of Employer: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City State Zip Code

Name of Supervisor: \_\_\_\_\_ May we contact this employer? ( ) No ( ) Yes

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job title & description of duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Public/Civic Leadership Information

Are you familiar with the functions and the framework of the Environmental Health Advisory Committee? ( ) No ( ) Yes

Do you currently hold an elected or appointed office in a public or not-for-profit organization? ( ) No ( ) Yes If yes, please list below:

Area of Expertise: (Please circle)

**Natural Resources      Private Sewage      Potable Water/Groundwater      Food Protection      Solid Waste      Education      Other**

### References

Please give the names of 3 persons, not related to you, whom you have known for over a year.

Name	Address	Telephone	Occupation	Yrs. Known
Name	Address	Telephone	Occupation	Yrs. Known
Name	Address	Telephone	Occupation	Yrs. Known

### Education & Life Experience Related to Environmental Health

Please list any experience or education that you believe is relevant:

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### Certification & Release-Read Carefully Before Signing

I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand the Board of Health has the right to refuse to appoint me or immediately discharge me, at any time if it discovers I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

I authorize the Board of Health and its agents, to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the Board of Health or its representatives, to release to the Board of Health or its agents information which may be used to verify information in this application.

Applicant Signature

Date